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OFFICIAL**MARTIN & FERRARO, LLP
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(330) 877-2030**FACSIMILE TRANSMITTAL****TO:****Name:** Examiner P. Prebilic**Firm:** U.S. Patent & Trademark Office**Fax No.:** 703-872-9303**Subject:** U.S. Patent Application No. 09/991,247

Gary K. Michelson, M.D.

Filed: November 15, 2001

RATCHETED BONE DOWEL

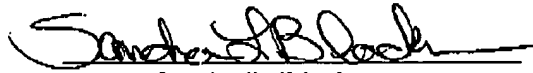
Attorney Docket No. 101.0083-00000

Customer No. 22882

Confirmation No. 4911

FROM:**Name:** Thomas H. Martin, Esq.**Phone No.:** 330-877-2277**No. of Pages (including this):** 20**Date:** April 21, 2004**Confirmation Copy to Follow:** NO**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate), and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on April 21, 2004.


Sandra L. Blackmon

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RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3738

PATENT
Attorney Docket No. 101.0083-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/991,247

Filed: November 15, 2001

For: RATCHETED BONE DOWEL

Confirmation No.: 4911

Art Unit: 3732

Examiner: Unassigned

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Final Office Action of January 30, 2004 in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	87	-	87	0	LG=\$18 SM=\$9	\$18 \$ -0-
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$84 SM=\$42	\$84 \$ -0-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ ---
TOTAL						\$ -0-

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A fee in the amount of \$___ to cover the additional claims is to be charged to Deposit Account No. 50-1066.☐ A check in the amount of \$___ to cover the ***-month extension of time fee is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: April 21, 2004

By: 

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